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ABSTRACT

This fact sheet presents information on the status of Asians in the United States. The following sections are included: (1) "Introduction," which includes Asian American population statistics, and the objectives, scope, and methodology of the study; (2) "Overall Income and Employment Status Comparable With U.S. Population, But Varies Widely Among Asian American Groups"; (3) "Overall Adult Educational Levels Same or Higher Than Total U.S. Adults, but Vary Widely Among Asian American Groups"; (4) "Health and Nutrition Appear to Compare Well With U.S. Population Overall, Except for Southeast Asian Refugees"; (5) "Welfare Participation Approximates Representation in U.S. Population"; (6) "Barriers Exist, but Do Not Prevent Welfare Participation"; and (7) "Programs Help New Arrivals Attain Economic Self-Sufficiency." The following information is appended: (1) chronology of U.S. laws and presidential actions affecting Asian immigration; (2) data limitations; (3) methodology; (4) Asian American and other community organizations contacted by The General Accounting Office; (5) statistics on education; (6) cancer deaths (1978-81); (7) cultural and religious barriers facing Southeast Asian refugees seeking medical treatment; and (8) major contributors to fact sheet. Twenty tables, 10 figures, and a map of Asia and the Pacific Islands are included. Thirty-eight references are listed. (JS)

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United States General Accounting Office

GAO

Fact Sheet for the Chairman, Select Committee on Hunger, House of Representatives

March 1990

ASIAN AMERICANS

A Status Report

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United States
General Accounting Office
Washington, D.C. 20548

Human Resources Division

B-237669

March 8, 1990

The Honorable Tony Hall
Chairman, Select Committee on Hunger
House of Representatives

Dear Mr. Chairman:

As requested April 7, 1989, by the late Chairman of the Select Committee on Hunger, Representative Mickey Leland, and as subsequently agreed with your office, this fact sheet provides information about the status of Asians in the United States—hereafter referred to as Asian Americans. Specifically, we were asked to provide information on Asian American

- income, employment, education, health, and nutrition status and
- enrollment in nine federal welfare programs: Aid to Families With Dependent Children; Supplemental Security Income; Medicaid; Low-Income Housing; Food Stamp; the Special Supplemental Food Program for Women, Infants, and Children; School Lunch; School Breakfast; and Summer Food.

In addition, we were asked to identify (1) possible barriers to Asian American participation in the above programs and (2) existing programs, in selected communities, to assist new Asian immigrants and refugees in achieving economic self-sufficiency.

Review Scope and Methodology

We reviewed available studies; spoke with federal, state, and local officials, as well as nonprofit Asian American organizations and other community organizations; and analyzed available data from the U.S. Bureau of the Census. We also obtained information about the laws and regulations, eligibility criteria, and funding for federal programs that assist immigrants and refugees. We used the Census Bureau's definition of Asian Americans, which includes all people who categorized themselves as from 1 of 28 Asian countries of origin or ethnic groups or from 1 of 25 identified Pacific Island cultures (see table 1.1 and footnotes). In 1980, the Chinese, Filipino, Japanese, Indian, Korean, and Vietnamese groups accounted for about 89 percent of the Asian American population. (See pp. 12-19.)

Results in Brief

Available information indicates that Asian Americans overall are comparable with the U.S. population overall for per capita income, employment, educational attainment, general health and nutrition status, and participation in U.S. public assistance programs. However, data on Asian Americans are limited, primarily because (1) Asian Americans make up a small portion of the total U.S. population and (2) available studies, for the most part, do not contain sufficient data about Asian Americans to make statistically valid projections nationwide.

Data on Asian Americans by country of origin or ethnic group generally are not available except for the 1980 census, which reveals wide variations among people from different groups. For example, recent arrivals from Southeast Asia (Cambodia, Laos, and Vietnam) have lower incomes and educational levels, as well as higher poverty, unemployment, and welfare-program participation rates than other Asian American groups.

Barriers to welfare programs exist, but do not prevent Asian American enrollment.

Various federal, state, and local programs have been established to help new arrivals adjust to life in the United States, enroll in public assistance programs, and achieve self-sufficiency.

Income and Employment

Although the average household income for Asian Americans was 28 percent higher than the U.S. average in 1985, the average size of the Asian American household was larger. Thus, on a per capita basis, Asian American income was about the same as the national average. Incomes varied widely among Asian American groups, however. For example, data from the 1980 census showed that, in 1979, the average annual per capita incomes for Indian and Pakistani Americans were over $8,000, compared with the national average annual per capita income of $7,400. On the other extreme, Southeast Asian groups had average annual per capita incomes ranging from $1,600 for Laotian Americans to $3,200 for Vietnamese Americans.

The same patterns emerged for employment. In 1980, Asian American adults aged 16 and over had slightly lower unemployment rates and were somewhat more concentrated in white-collar occupations overall than U.S. adults. However, among some Asian American groups, such as the Laotians and Cambodians, the unemployment rate was much higher and the percentage employed in white collar occupations was much lower. (See pp. 20-25.)

Educational Levels of Adults

In 1985, Asian American adults over the age of 25 had an average of 12.27 years of education. This compared favorably with the total U.S. adult population over the age of 25, which had an average of 12.39 years of education. However, a greater proportion of Asian American adults (48.4 percent) had attended college than the total U.S. adults (38.4 percent). Again, wide variation exists among Asian American groups. A 1982 Department of Health and Human Services (HHS) study showed that over 75 percent of Southeast Asian adults emigrating from Vietnam between 1978 and 1982 had less than a high school education. HHS officials told us that Southeast Asians who came later had even less education. (See pp. 26-28.)

Health and Nutrition Status

Although national statistics on Asian American disease and death rates generally are lacking, data suggest that their health and nutrition appear at least as good as the U.S. population's in general. Available data show that Asian Americans have longer life expectancy, lower death rates from all causes, and lower infant mortality rates. Data on the nutritional status of Asian American children show it to be comparable with U.S. standards. However, Southeast Asian refugees suffer higher rates of tuberculosis and hepatitis B than the U.S. population as a whole and experience more nutritional and mental health problems. (See pp. 29-37.)

Welfare Program Participation

Asian Americans made up from 1.4 to 3.4 percent of all participants in the welfare programs we reviewed. In 1985, about the same percentage of Asian Americans as the total U.S. population participated in these programs. However, a large proportion—58 percent to 73 percent—of recently arrived Southeast Asian refugees participate in special assistance programs established specifically to help refugees. (See pp. 38-42.)

Barriers to Program Participation

Asian American community groups we spoke with said that some Asian Americans experience difficulties and delays enrolling in welfare programs, primarily because of a limited knowledge of English. In addition, different attitudes toward welfare and government make some Asian Americans reluctant to enroll. However, such obstacles generally do not prevent eventual participation; the groups with the most language difficulties have among the highest participation rates in welfare programs. (See pp. 43-46.)

Programs to Assist New Arrivals

In fiscal year 1988, federal agencies provided almost $150 million to voluntary agencies and, through the states, to nonprofit, community organizations for services to help new arrivals overcome obstacles to self-sufficiency. Such services include resettlement, English language instruction, job training, and job placement. Other federal grant moneys are also available to enable school districts, local government agencies, and community organizations to provide employment training for low-income or limited English-speaking people. In addition to using federal funds, community organizations use funds from a variety of other sources—states, cities, and counties, private donors, and grants from corporations and charitable organizations—to help new arrivals in their communities. (See pp. 47-53.)

As agreed with your office, unless you publicly announce its contents earlier, we plan no further distribution of this fact sheet until 30 days after its issue date. At that time, we will send copies to interested parties and make copies available to others on request. If you have any questions about this fact sheet, please call me on (202) 275-1793. Other major contributors are listed in appendix VIII.

Sincerely yours,

Franklin Frazier

Franklin Frazier
Director, Income Security Issues
(Disability and Welfare)

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Abbreviations

AFDC	Aid to Families With Dependent Children
CDC	Centers for Disease Control
GAO	General Accounting Office
HHS	Department of Health and Human Services
JTPA	Job Training Partnership Act
ORR	Office of Refugee Resettlement
PHS	Public Health Service
SIPP	Survey of Income and Program Participation
SSA	Social Security Administration
SSI	Supplemental Security Income
WIC	Special Supplemental Food Program for Women, Infants, and Children

Map of Asia and the Pacific Islands

Pacific
Ocean
Hawaii
Mariana Islands
Wake
Guam
Trust Territory
of the
Pacific Islands
Yap
Marshall
Islands
Palau
Caroline Islands
Micronesia
Polynesia
New Guinea
Papua
New Guinea
Solomon
Islands
Tokelau
Western
Samoa
American
Samoa
Tahiti
Coral
Sea
Melanesia
Tonga
Fiji

Introduction

The Asian American Population

Asian Americans, including Pacific Islander Americans, numbered 3.7 million or 1.6 percent of the U.S. population, according to the most recent census in 1980. Subsequent survey data from the U.S. Bureau of the Census indicate that by 1985, the Asian population in the United States had increased to about 5.9 million or 2.5 percent of the U.S. population. As shown in table 1.1, the Census Bureau records data for people who classify themselves as from 1 of 28 Asian countries of origin or ethnic groups or from 1 of 25 identified Pacific Island cultures (see map on pp. 10 and 11). The Chinese, Filipino, Japanese, Indian, Korean, and Vietnamese groups accounted for about 89 percent of Asian Americans in 1980. A large portion of the Asian American population is foreign born, in part because of legislation restricting Asian immigration before 1965 (see app. I).

Table 1.1: Asian Americans by National or Ethnic Origin (1980)

National or ethnic origin[a]	Population	Percent	
		Total Asians	Foreign born
Chinese	812,178	22	63
Filipino	781,894	21	65
Japanese	716,331	19	28
Indian[b]	387,223	10	70
Korean	357,393	10	82
Vietnamese	245,025	7	90
Hawaiian	172,346	5	2
Laotian	47,683	1	94
Thai	45,279	1	82
Samoan	39,520	1	36
Guamanian	30,695	1	10
Cambodian	16,044	[c]	94
Pakistani	15,792	[c]	85
Indonesian	9,618	[c]	83
Tongan	6,226	[c]	75
Hmong[d]	5,204	[c]	91
Other Micronesian[e]	4,813	[c]	44
Melanesian[f]	3,311	[c]	81
Other Polynesian[g]	2,186	[c]	5
All other Asian Americans[h]	27,679	1	[i]
Total Asian Americans	**3,726,440**	**100[j]**	

[a]Based on respondents' classification of themselves.

[b]Includes only those who identified themselves as Asian Indian.

[c]Less than 1 percent.

[d]The Hmong are a hilltop tribe who migrated to northeast Laos from China and Vietnam in the first part of the 19th century. Their culture is distinct from that of other Laotians.

[e]Includes Carolinian, Saipanese, Tinian Islander, Marshallese, Bikini Islander, Eniwetok Islander, Kwajalein Islander, Micronesian, Palauan, Ponapean, Tarawa Islander, Trukese, and Yapese. These groups are not reported separately by the Census Bureau. (Guamanian, also a Micronesian group, is reported separately.)

[f]Includes Fijian, Melanesian, Papua New Guinean, Solomon Islander, and New Hebrides Islander. These groups are not reported separately by the Census Bureau.

[g]Includes Polynesian, Tahitian, Tokelauan. These groups are not reported separately by the Census Bureau. (Hawaiian, Tongan, and Samoan—which are also Polynesian groups—are reported separately.)

[h]Includes Bangladeshi, Bhutanese, Bornean, Burmese, Celebesian, Cernan, Indochinese, Iwo Jiman, Javanese, Malayan, Maldivian, Nepali, Okinawan, Sikkim, Singaporean, Sri Lankan, and other Asian Americans. Although the Census Bureau collects data on each of these individual groups, it does not publish the data on them separately.

[i]Data not available.

[j]May not add due to rounding.

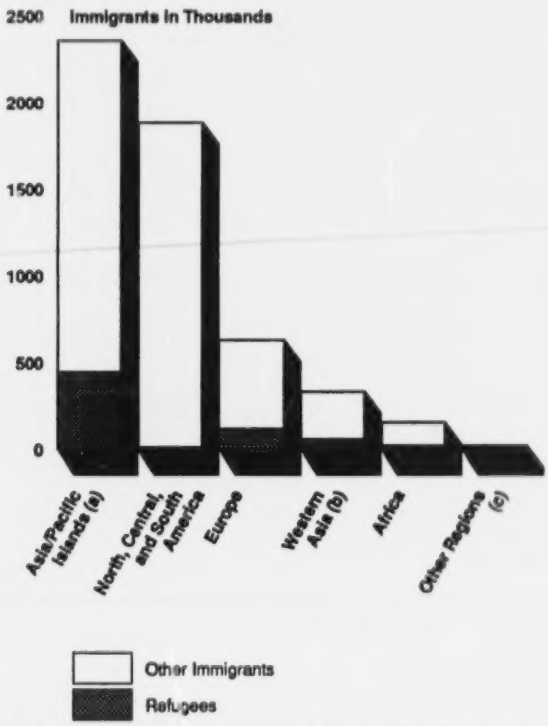
Source: Census Bureau, Asian and Pacific Islander Population in the United States: 1980 (1988).

In 1965, new legislation reopened the door to Asian immigrants, with preference to those with relatives in the United States and highly skilled professionals. Data from the Immigration and Naturalization Service indicate that of the recent growth in the Asian population in the United States, about three-quarters is from immigration. Since the 1980 census, more refugees and other immigrants have come to this country from Asia and the Pacific Islands than from any other region of the world,[1,2] as shown in figure 1.1. Nearly half of the immigration from Asia and the Pacific Islands is due to the large influx of Southeast Asians from Vietnam, Cambodia, and Laos, following the Vietnam War. (See table 1.2.)

[1]A "refugee" is defined as a person who is outside his or her native country and is unable or unwilling to return for fear of persecution on the basis of race, religion, nationality, membership in a particular social group, or political opinion. (In certain circumstances, people within their native countries may also qualify as refugees.) 8 U.S.C. 1101(a)(42). Refugees are admitted to the United States every year in accordance with an overall ceiling established by the President in consultation with the Congress. 8 U.S.C. 1157(a)(2).

[2]An "immigrant" is defined as any alien (including refugees) except those that belong to certain specified classes, such as foreign government officials, tourists, or students. 8 U.S.C. 1101(a)(15). Except for several classes of immigrants, since 1980 the number of immigrants admitted to the United States annually has been limited to 270,000. Of this number, there are quotas, based on family relationships or job skills, for various preference groups. Although there is an annual limit of 20,000 from any one country, there are no more discriminatory quotas based on country of origin. 8 U.S.C. 1151(a), 1152(a).

Figure 1.1: Immigration to the United States (Fiscal Years 1981-88)



[a]The Census Bureau definition of Asia/Pacific Islands was used.

[b]Includes the countries of Afghanistan, Bahrain, Cyprus, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Palestine, Qatar, Saudi Arabia, Syria, Turkey, United Arab Emirates, Yemen (Aden), and Yemen (Sanaa).

[c]Includes immigrants from countries outside these regions, such as Australia and New Zealand; immigrants from unknown countries of origin; and stateless immigrants.

Source: U.S. Department of Justice, Statistical Yearbooks of the Immigration and Naturalization Service (1981-88).

Table 1.2: Asian Immigration by Country of Origin (1981-88)

Country of origin	Immigrants[a]	Percent of total Asian immigrants[b]
Southeast Asia:		
Vietnam	549,462	23
Cambodia	222,642	9
Laos (including Hmong)	207,713	9
Subtotal	**979,817[c]**	**42[c]**
Other Asian countries and Pacific Islands:		
Philippines	374,523	16
China[d]	343,607	15
Korea	272,355	12
India	200,038	9
Thailand	48,188	2
Pakistan	43,714	2
Japan	32,669	1
Indonesia	9,319	[e]
Tonga	4,343	[e]
Samoa	2,147	[e]
Guam	5	[e]
Other	41,458	2
Subtotal	**1,372,366**	**58**
Total Asian immigration	**2,352,183**	**100**

[a]Includes refugees.

[b]May not add due to rounding.

[c]In addition, about 166,700 Southeast Asians arrived during 1980, and most were not counted in the 1980 census, according to R.W. Gardner, G. Rogey, and P.C. Smith, "Asian Americans: Growth, Change, and Diversity," Population Bulletin (1985).

[d]Includes emigration from Taiwan, Hong Kong, and Macau.

[e]Less than 1 percent.

Source: U.S. Department of Justice, Immigration and Naturalization Service, Statistical Yearbooks of the Immigration and Naturalization Service (1981-88).

Objectives, Scope, and Methodology

The objective of our review, requested by the late Chairman, House Select Committee on Hunger, was to assess the status of Asian Americans. Specifically, we were asked to provide information on Asian American

- income, employment, education, health, and nutrition status and

- enrollment in nine federal welfare programs: Aid to Families With Dependent Children (AFDC); Supplemental Security Income (SSI); Medicaid; Low-Income Housing; Food Stamp; Special Supplemental Food Program for Women, Infants, and Children (WIC); School Lunch; School Breakfast; and Summer Food.

In addition, we were asked to identify (1) possible barriers to Asian American participation in the above programs and (2) existing programs in selected communities to assist new Asian immigrants and refugees in achieving economic self-sufficiency.

As agreed with the Select Committee, we relied primarily on readily available and published information. (For a bibliography, see pp. 66-69.) Data on Asian Americans in general are limited, primarily because Asian Americans make up a small portion of the total U.S. population. (For further details on data limitations, see app. II.)

To determine Asian American income status and educational attainment, we examined data from the 1980 census, the U.S. Department of Education, and the Office of Refugee Resettlement (ORR) within the U.S. Department of Health and Human Services (HHS). We analyzed the Census Bureau 1985 Survey of Income and Program Participation (SIPP) data. (See app. III for details on our methodology.) In addition, we discussed issues relating to Asian American income and education with social service agencies and community organizations serving Asian Americans in various cities throughout the United States (see app. IV for a list of the community organizations contacted).

We relied primarily on published reports and interviews with officials from the U.S. Public Health Service (PHS) and other offices within HHS for information on the health and nutrition status of Asian Americans. We also conducted interviews with Asian American community health organizations in San Francisco and Oakland, California.

To determine Asian American enrollment in the nine public assistance programs, we requested reports from each of the federal agencies responsible for administering the programs: HHS for the AFDC, SSI, and Medicaid programs; the U.S. Department of Agriculture for the Food Stamp, WIC, School Lunch, School Breakfast, and Summer Food programs; and the U.S. Department of Housing and Urban Development for the Low-Income Housing program. We were able to obtain data on Asian American participation in eight of the nine programs. Asian American enrollment in the School Breakfast program was too small to be

reflected accurately on the basis of the sampling techniques used; therefore, its enrollment was not included in the Agriculture reports. We did not verify the accuracy of the data provided by the various agencies. To obtain another perspective, we independently analyzed the Census Bureau 1985 SIPP data to determine what portion of the Asian American population participates in these programs compared with the total U.S. population.

To identify the nature and extent of barriers to participation in public assistance programs, we surveyed 23 local community organizations serving Asian Americans (see app. IV). We also spoke with five state social service agencies in California, New York, Pennsylvania, Texas, and Washington; as well as two county social service agencies in Los Angeles, California.

We obtained descriptions of government programs that help new immigrants and refugees achieve economic self-sufficiency at the federal, state, and local levels. We obtained information from the federal agencies with the largest roles in providing assistance to new refugees and immigrants: ORR and the Department of State Bureau for Refugee Programs. To determine which states and communities to speak with for more detailed descriptions of these programs at the local level, we reviewed 1980 census data for where the largest immigrant Asian groups were likely to have settled (see table 1.3).[3]

[3]Although the 1980 census data are old, they are the most current nationwide data available. In addition, in its 1988 report to the Congress, ORR said the geographic distribution of newly resettled refugees follows the residential pattern of refugees already established since most new arrivals are joining relatives. Thus, we hypothesized that those areas with large populations of particular groups in 1980 (1) would still, in 1989, have among the largest populations in the United States and (2) would most likely have more programs established over time to help those groups. Whether or not this is true cannot be verified until data from the next census, in 1990, are analyzed.

Table 1.3: Areas of Greatest Concentration by Large Immigrant Asian Groups (1980)

Asian group[a]	Metropolitan areas of greatest concentration of Asian groups (in rank order)
Chinese	San Francisco/Oakland, Calif.
	New York City, N.Y.
	Los Angeles/Long Beach, Calif.
Filipino	Los Angeles/Long Beach, Calif.
	San Francisco/Oakland, Calif.
	Honolulu, Hawaii
Korean	Los Angeles/Long Beach, Calif.
	New York City, N.Y.
	Chicago, Ill.
Indian	New York City, N.Y.
	Chicago, Ill.
	Los Angeles/Long Beach, Calif.
Southeast Asian[b]	Los Angeles/Long Beach, Calif.
	Anaheim/Santa Ana/Garden Grove (Orange County), Calif.
	Houston, Tex.

[a]The large Asian immigrant groups specified here are those identified in table 1.2, p. 16.

[b]Southeast Asians include Vietnamese, Cambodians, and Laotians (including Hmong, a Laotian-subgroup).

Source: Census Bureau, Asian and Pacific Islander Population in the United States: 1980 (1988).

On the basis of these data, we spoke with Asian American and other community groups for information on resettlement services provided in four metropolitan areas: Los Angeles, San Francisco, New York City, and Houston.

We did our review between May and August 1989, in accordance with generally accepted government auditing standards.

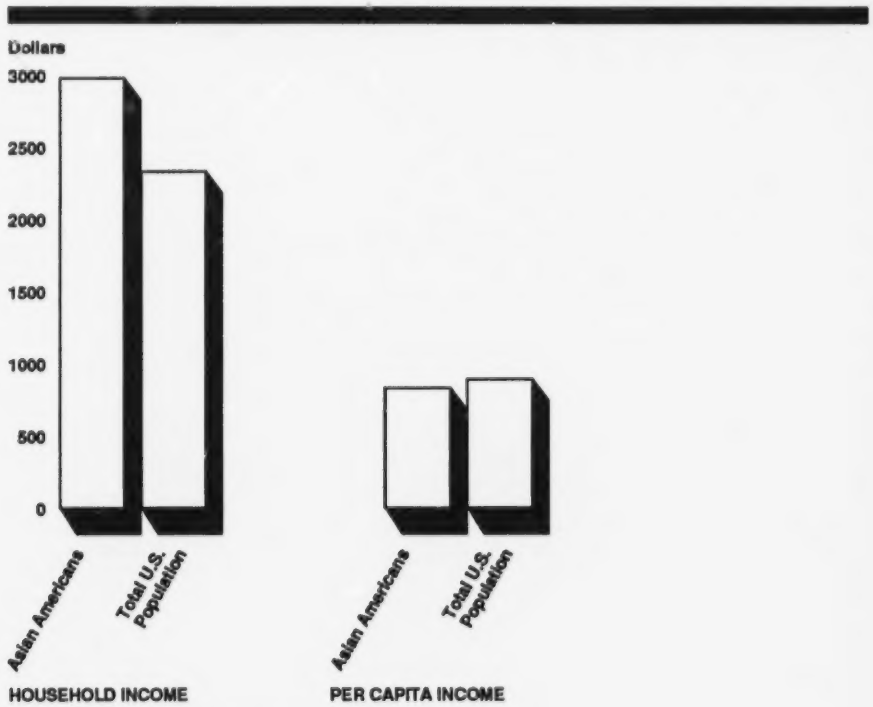
Overall Income and Employment Status Comparable With U.S. Population, but Varies Widely Among Asian American Groups

Asian Americans have comparable per capita incomes and poverty rates, lower unemployment, and higher concentrations of white-collar professionals than the U.S. population overall, according to 1980 census and 1985 SIPP data. However, wide variations exist among Asian American groups. Some Asian Americans are doing well compared with U.S. averages; others, poorly.

Income and Poverty Rates

Asian American average household income exceeded the U.S. average in 1985 by about 28 percent, with an average monthly household income of $2,973, compared with the U.S. average of $2,325. But when per capita income is examined, the difference disappears.[1] (See fig. 2.1.)

Figure 2.1: Comparison of Average Monthly Household and Per Capita Incomes for Asian Americans and Total U.S. Population (1985)

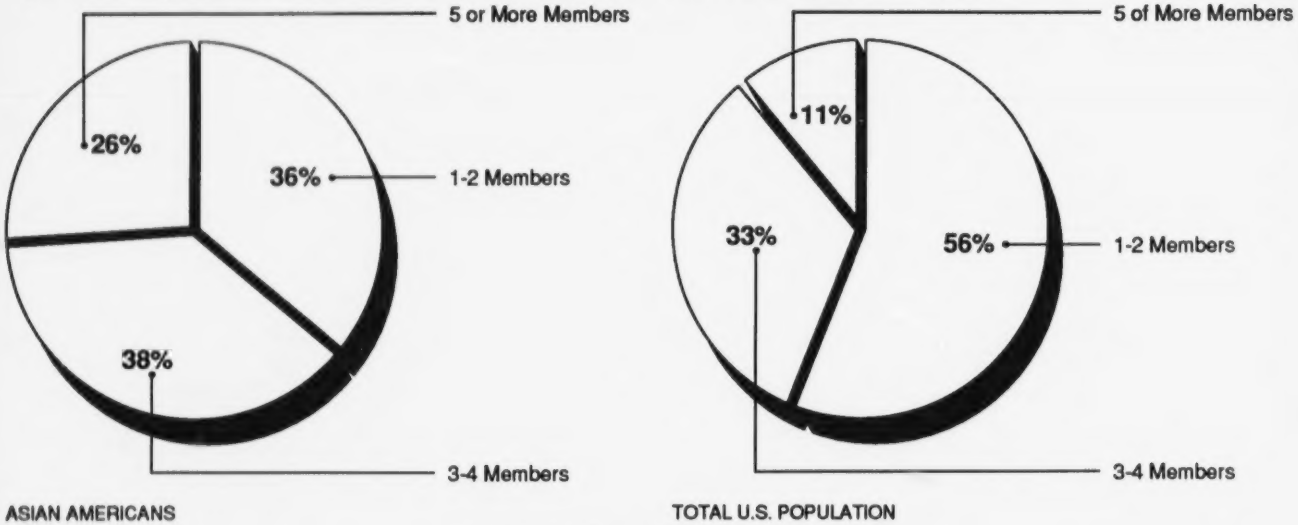


Source: Census Bureau, SIPP (1985).

[1] Due to the small number of Asian Americans in the sample and the resulting large margin of sampling error, the apparent difference between the average monthly per capita income for Asian Americans, $827 (±$70), and the total U.S. population, $886 (±$11), is not statistically significant. (See app. III, p. 59.)

Average per capita income was similar to the U.S. average because most Asian American households were larger than U.S. households. On the average, U.S. households had 2.6 members; Asian American households, 3.5 members. Almost two-thirds of Asian American households had 3 or more members, and about one-fourth had 5 or more (see fig. 2.2).

Figure 2.2: Comparison of Household Sizes for Asian Americans and Total U.S. Population (1985)



Source: Census Bureau, SIPP (1985).

Although Asian Americans overall have per capita income comparable with that of the total U.S. population, incomes vary considerably among Asian American groups. For example, census data from 1979 show that Vietnamese, Cambodian, and Laotian Americans had much lower average annual household incomes than those of Indian, Pakistani, and Japanese Americans.[2] Southeast Asian groups also had the largest households and, thus, even lower per capita incomes. (See table 2.1.)

[2]The most recent data on income by national or ethnic group come from the 1980 census, which gathered income data from 1979.

Table 2.1: Average Annual Household and Per Capita Income of Asian Americans, by National Origin or Ethnic Group (1979)

National origin or ethnic group	Annual household income[a]	Persons per household	Annual per capita income[a]
Total U.S. population	**$20,300**	**2.7**	**$7,400**
All Asian Americans	**23,700**	**3.4**	**6,900**
Filipino	25,600	3.8	6,700
Indian	25,000	2.9	8,800
Pakistani	23,800	2.9	8,300
Chinese	23,700	3.1	7,500
Japanese	22,900	2.9	7,800
Korean	22,500	4.3	5,200
Indonesian	21,000	2.8	7,400
Thai	20,500	4.1	5,000
Guamanian	19,700	3.6	5,500
Hawaiian	19,500	3.5	5,600
Melanesian	19,200	4.1	4,700
Tongan	18,400	4.6	4,000
Samoan	16,500	4.9	3,400
Vietnamese	15,300	4.8	3,200
Cambodian	12,500	4.5	2,800
Hmong	9,100	5.9	1,600
Laotian	8,300	5.4	1,600

[a]Rounded to the nearest 100.

Source: Census Bureau, Asian and Pacific Islander Population in the United States: 1980 (published 1988).

Similarly, although about the same percentage of Asian American households and total U.S. households had incomes below the poverty level in 1979,[3] the incomes of much higher percentages of Southeast Asian groups (Vietnamese, Cambodian, Hmong, and Laotian) were below the poverty level.[4] (See table 2.2.)

[3]In addition, based on our analysis of SIPP data, 13 percent of both Asian American and total U.S. households had income below poverty in 1985.

[4]The poverty level varies by household size and composition. In 1979, the poverty level for a family of four was an annual household income of $7,412.

Table 2.2: Percentage of Asian American Families With Incomes Below the Poverty Level, by National Origin or Ethnic Group (1979)

National origin or ethnic group	Percent below poverty level
Total U.S. population	**9.6**
All Asian Americans	**10.7**
Japanese	4.2
Filipino	6.2
Indian	7.4
Pakistani	10.5
Chinese	10.5
Melanesian	11.5
Guamanian	11.6
Korean	13.1
Thai	13.4
Hawaiian	14.3
Indonesian	15.2
Tongan	18.0
Samoan	27.5
Vietnamese	35.1
Cambodian	46.9
Hmong	65.5
Laotian	67.2

Source: Census Bureau, We, the Asian and Pacific Islander Americans (1980 census data published in 1988).

Unemployment and Occupation

In 1980, Asian American adults had lower unemployment rates and were more highly concentrated in white-collar occupations than U.S. adults overall. Of Asian American adults, 5 percent were unemployed, compared with 7 percent of U.S. adults overall. In addition, 57 percent of Asian Americans in the labor force were employed in white-collar occupations classified as managerial, professional, technical, sales, or administrative, compared with 49 percent of the U.S. population. However, occupation and employment status differed among the various Asian Americans groups. For example, whereas 72 percent of Indian Americans worked in white-collar jobs in 1980 and 6 percent were unemployed, only 18 percent of Hmong Americans were white-collar workers and 20 percent were unemployed. (See table 2.3.)

Table 2.3: Occupations of Asian Americans (1980)

Numbers in percent

	Civilian labor force[a]							
National origin or ethnic group	Managerial, professional	Technical, sales, administrative	Service	Farming, fishing, forestry	Precision production, crafts, repair	Laborer, operator	Unemployed[b]	Total[c]
Total U.S. population	**21**	**28**	**12**	**3**	**12**	**17**	**7**	**100**
All Asian Americans	**28**	**29**	**15**	**2**	**8**	**14**	**5**	**100**
Indian	46	26	7	[d]	5	9	6	**100**
Pakistani	43	25	10	1	5	10	6	**100**
Chinese	31	29	18	[d]	5	12	4	**100**
Japanese	28	33	12	4	10	10	3	**100**
Filipino	24	32	16	3	8	13	5	**100**
Korean	24	26	16	[d]	9	19	6	**100**
Indonesian	23	28	18	[d]	10	15	6	**100**
Thai	22	22	23	[d]	9	18	6	**100**
Hawaiian	16	26	20	3	11	17	7	**100**
Guam	13	32	17	1	13	17	7	**100**
Vietnamese	12	25	14	[d]	13	27	8	**100**
Samoan	11	24	18	2	11	24	10	**100**
Tongan	10	17	24	6	11	23	8	**100**
Cambodian	10	19	16	2	13	30	11	**100**
Hmong	8	10	18	2	12	31	20	**100**
Laotian	7	10	19	3	12	35	15	**100**

[a]People aged 16 and older. Occupation and employment status is based on respondents' classifications.

[b]Those in the labor force who do not have jobs, are looking for work, and are available to accept jobs.

[c]May not add to 100 due to rounding.

[d]Less than 1 percent.

Source: Census Bureau, Asian and Pacific Islander Population in the United States: 1980 and 1980 Census of Population: General Social and Economic Characteristics.

The income and employment disparity among Asian American groups is a reflection of their diversity. Factors influencing the ability of different groups to support themselves include when they or their ancestors came to the United States, their job skills, and their familiarity with Western culture and the English language. First-generation or second-generation Asian Americans, for example, are generally integrated into the U.S. work force and able to support themselves. Among more recent immigrants, some groups come primarily from urban centers that are highly

Westernized and thus they are better prepared for American life. Specifically, many of the more recent arrivals from Korea, Hong Kong, and India are highly educated and skilled.

In contrast, many recent arrivals from Southeast Asia come from rural areas, with values and behaviors very different from the predominant U.S. culture. Adjusting to U.S. life for such groups is generally difficult. For example, rural Hmong and Vietnamese accustomed to farming and fishing trades are likely to have little or no education, be unfamiliar with Western technology, and have few transferable job skills. As a result, Asian American community organization officials said, the poverty and unemployment rates among Southeast Asian groups remain high.

Overall Adult Educational Levels Same or Higher Than Total U.S. Adults, but Vary Widely Among Asian American Groups

Our analysis of SIPP data for 1985 indicates that Asian American adults over the age of 25 had an average of 12.27 years of education. This compared favorably with the total U.S. adult population over the age of 25, which had an average of 12.39 years of education. However, 1985 SIPP and 1987 Annual Housing Survey data also indicate that a greater proportion of Asian American adults had attended college than total U.S. adults. (For more details, see app. V.) Moreover, 1980 census data indicate that educational levels vary widely among Asian Americans of different national origin or ethnic groups. Several Asian American groups had higher percentages of high school graduates and college-educated adults than the U.S. overall. For other groups, such as the Cambodian, Laotian, and Hmong, the percentages were much lower. (See table 3.1.)

Table 3.1: Educational Levels of Asian Americans Aged 25 or Over, by National Origin or Ethnic Group (1980)

Numbers in percent

National origin or ethnic group	Graduating from high school	Attending at least 4 years of college
Total U.S. population	**66.5**	**16.2**
All Asian Americans	**74.8**	**32.9**
Indonesian	89.8	33.3
Pakistani	87.0	58.4
Japanese	81.6	26.4
Indian	80.1	51.9
Korean	78.1	33.7
Filipino	74.2	37.0
Thai	72.4	32.3
Chinese	71.3	36.6
Hawaiian	68.4	9.6
Guamanian	67.9	8.2
Tongan	66.1	12.9
Vietnamese	62.2	12.9
Samoan	61.2	7.3
Melanesian	47.4	10.8
Cambodian	42.6	7.7
Laotian	31.4	5.6
Hmong	22.3	2.9

Source: Census Bureau, We, the Asian and Pacific Islander Americans (1980 census data published in 1988)

Those groups with low educational attainment include large numbers of new immigrants who arrived in the United States with relatively little education. For example, of the Southeast Asian refugees aged 17 or over

who entered the United States between 1978 and 1982, about 75 percent arrived with less than a high school education. (See table 3.2.)

Table 3.2: Educational Levels of Southeast Asian Refugees, Aged 17 or Over, Upon Entry to the United States (1978-82)

Numbers in percent

Level of education[a]	Vietnamese	Chinese[b]	Laotians	Total[c]
No formal education	1.6[d]	6.5[d]	21.0	**8.3**
Elementary	34.5	50.3	56.6	**44.2**
Secondary	27.4	24.0	12.2	**22.2**
High school graduates	22.6	15.5	4.9	**15.9**
Some college	13.8	3.7[d]	5.1	**9.2**
Total[e]	**100.0**	**100.0**	**100.0**	**100.0**

[a]Source did not indicate what grades were included in elementary, secondary, or high school levels of education.

[b]From Vietnam.

[c]Percentages based on totals for the three groups combined.

[d]This percentage is based on fewer than 50 observations.

[e]May not add due to rounding.

Source: HHS, ORR, Southeast Asian Refugee Self-Sufficiency Study (1985).

Reports from ORR indicate that Southeast Asians arriving since 1982 have entered the United States with even less education than previous arrivals. More recent Cambodian and Vietnamese arrivals, particularly those from rural areas, were sometimes illiterate in their own languages. Others had their education interrupted during the Vietnam War. Some recent arrivals, such as Hmong, came from societies in which written forms of communication are rare.

Community organization officials told us that adults arriving with little education have the greatest difficulties adjusting to life in the United States, including learning English, participating in job training, and obtaining jobs with sufficient wages to support their often large families. The officials added that Asian Americans arriving in the United States as young children tend to adapt well to school and to be highly motivated; those arriving at high school age tend to have greater difficulties in school, particularly if they arrive without age-appropriate education and knowledge of English.

The Department of Education administers two programs that provide supplemental grants to school districts to help refugee and immigrant

children achieve and maintain a satisfactory level of academic performance: the Transition Program for Refugee Children and the Emergency Immigrant Education Program (see table 3.3).

Table 3.3: Department of Education Programs for Refugee and Immigrant Children

Dollars in millions

Program	Eligible recipients	Funding in fiscal year 1988	Services authorized
Transition Program for Refugee Children	School districts with at least 20 refugee students[b]	$15.2[a]	Bilingual education and other special English instruction and materials In-service training for teachers Counseling and guidance services Other support services[c]
Emergency Immigrant Education Program	School districts where newly arrived immigrant students number at least 500 or make up at least 3 percent of total enrollment	30.0[d]	Supplementary educational services Basic instruction for immigrant children In-service training for teachers

[a]These funds served an estimated 80,215 refugee children, for an average expenditure of about $190 per child.

[b]Refugee children are eligible if they have been in the United States for no more than 2 years at the elementary school level or no more than 3 years at the secondary school level.

[c]Such as training for parents and services designed to meet the special educational needs of refugee children.

[d]These funds served an estimated 428,688 immigrant students, with an average expenditure of about $70 per child.

Sources: Code of Federal Regulations, title 34, part 538, "Transition Program for Refugee Children," and part 581, "Emergency Immigrant Education Program;" and House Committee on Appropriations, Subcommittee on the Departments of Labor, Health and Human Services, Education, and Related Agencies, Appropriations for 1989: Hearings (Washington, D.C.: U.S. Government Printing Office, 1988), part 6, pp. 462, 481, and 485.

Health and Nutrition Appear to Compare Well With U.S. Population Overall, Except for Southeast Asian Refugees

With the exception of Southeast Asian refugees, the limited available information suggests that the health and nutrition of Asian Americans appear to be at least as good as that of the U.S. population generally.[1]

Health Status of Asian Americans Reported to Be Good

In a 1988 report,[2] the U.S. Public Health Service (PHS) concluded that the health status of Asian Americans as a group was good. It reported that although national morbidity and mortality figures for Asian Americans were generally lacking, available data indicate that Asian Americans enjoyed a longer life expectancy than whites and lower death rates from all causes, including heart disease and cancer (see figs. 4.1 and 4.2).[3] However, the data were generally limited to only a few Asian American groups and were 7 to 10 years old.[4] Infant mortality rates also were found to be lower for Asian Americans. (See fig. 4.3.) The PHS report acknowledged that more detailed research was needed to further define the health status and needs of Asian Americans.

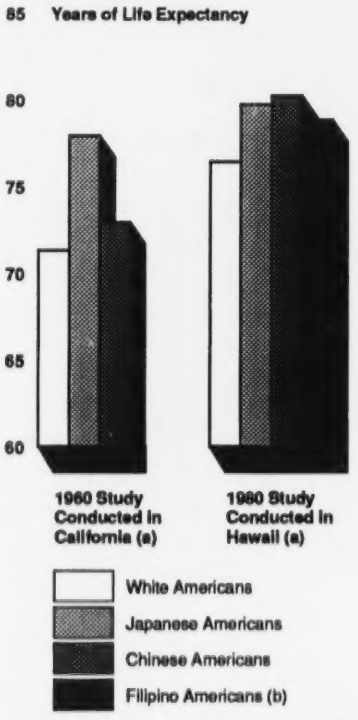
[1]Comprehensive data on the health and nutrition status of Asian Americans are not readily available. This is a category not covered by the decennial census. Other surveys (such as the U.S. Department of Agriculture's Nationwide Food Consumption Survey and the National Health Interview Survey as well as the Health and Nutrition Examination Survey conducted by the PHS National Center for Health Statistics) do not publish data on Asian Americans because the Asian portion of the samples is too small, according to agency personnel.

[2]Disease Prevention/Health Promotion: The Facts, Office of Disease Prevention and Health Promotion, PHS, HHS (1988). Data cited in the report are primarily from the National Center for Health Statistics (1978-1981); the Census Bureau (1980); and the Report of the Secretary's Task Force on Black and Minority Health, HHS (1986).

[3]The data also indicated, however, that the death rates from different cancers varied widely among Asian American groups (see app. VI).

[4]PHS officials told us that more recent disease prevalence rates are difficult to develop because accurate population projections are unavailable between censuses.

Figure 4.1: Life Expectancy of Asian Americans Compared With White Americans in California (1960) **and Hawaii** (1980)

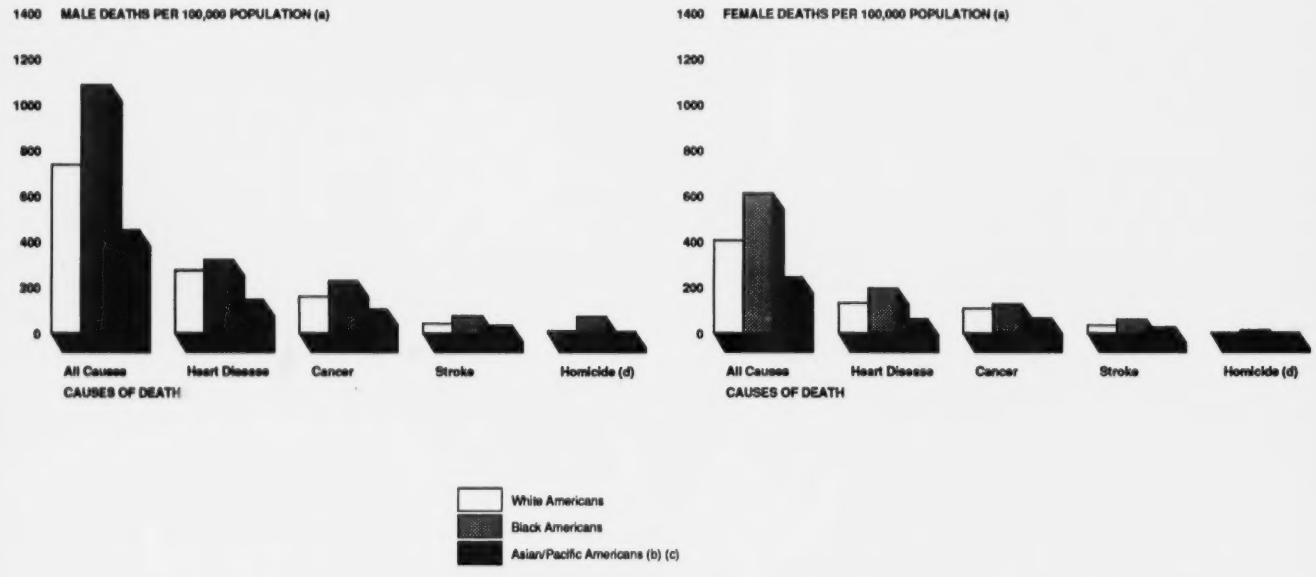


[a]Information was gathered only on the Asian American groups shown and includes combined data for both sexes.

[b]Filipino Americans were not included in the 1960 California study.

Source: R.W. Gardner, R. Robey, and P.C. Smith, "Asian Americans: Growth, Change, and Diversity," Population Bulletin (1985), as presented in the PHS report, The Facts (1988), p. 191.

Figure 4.2: Mortality Rates for White, Black, and Asian Americans (1979-81)



[a]Average annual age-adjusted death rates.

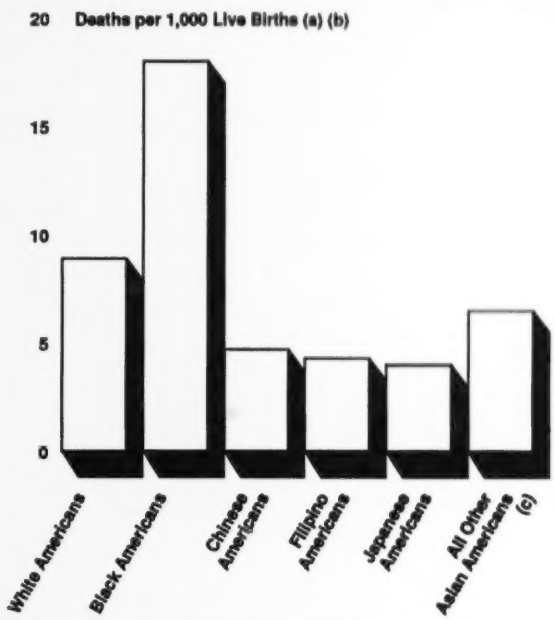
[b]These data are based on only three groups of Asian/Pacific Americans: Chinese, Filipinos, and Japanese.

[c]The PHS report, The Facts (1988), notes that "Death rates for Asian/Pacific Americans are probably underestimated due to less frequent reporting of these rates on death certificates as compared with the Census."

[d]Under the age of 45.

Sources: HHS, PHS, National Center for Health Statistics; Census Bureau; and the HHS Report of the Secretary's Task Force on Black and Minority Health, Vol. I (1985), partially presented in the PHS report, The Facts, pp. 191-3.

Figure 4.3: Infant Mortality Rates for White, Black, and Asian Americans (1986)



[a]The National Center for Health Statistics notes that infant mortality rates for Asian Americans "should be interpreted with caution because of inconsistencies in reporting race on birth and death certificates."

[b]Infant mortality rates from 1982, presented in the PHS report, The Facts (1988), showed similar differences among groups.

[c]Includes deaths among Hawaiians and part-Hawaiians.

Source: HHS, PHS, National Center for Health Statistics, Vital Statistics of the United States, Vol. II (1986).

Nutrition Status of Asian American Children Reported to Be Generally Comparable With U.S. Standards

Information on the nutrition status of Asian American children is gathered by the PHS Centers for Disease Control (CDC). CDC only gathers data from participants in publicly funded programs (primarily WIC) in about 29 states; therefore, CDC cautions that the data are not representative of Asian American children in the general population. Data in its last published annual report (issued in August 1985) indicate,[5] however, that the nutrition status of Asian American children was generally comparable with U.S. standards, as measured by the weight-for-height and blood content indexes for the period 1979 to 1983 (see table 4.1).

[5]Publication of annual reports was discontinued after 1985, according to CDC officials.

Table 4.1: Nutrition-Related Abnormalities Among American Children, Through 9 Years of Age, in Selected States, by General Ethnic Group (1979-83)

Indicator of abnormality[a]	Percentage with an abnormal indicator[a]				
	White	Black	Hispanic	Native	Asian
Low weight-for-height	2.9	3.7	3.6	3.1	4.9
High weight-for-height	6.7	7.7	7.9	10.0	4.8
Low height-for-age	8.5	7.5	9.3	8.1	24.1
Blood content:[b]					
Low hemoglobin	5.5	9.1	4.4	3.1	5.5
Low hematocrit	6.4	7.5	10.0	6.2	6.4

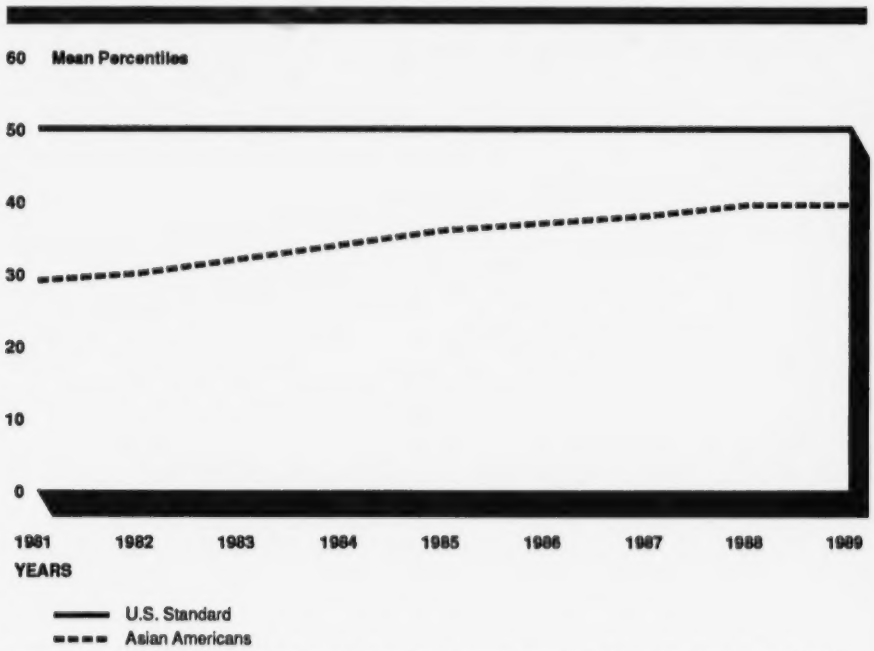
[a]Abnormality is defined as being in the (1) lower or upper 5th percentile of the National Center for Health Statistics reference population for weight-for-height or (2) lower 5th percentile for height-for-age and blood content indicators.

[b]Hemoglobin is the iron-containing protein in red blood cells; hematocrit is the ratio of the volume of packed red blood cells to the volume of whole blood. Low hemoglobin and hematocrit are indicators of anemia.

Source: HHS, PHS, Centers for Disease Control Nutrition Surveillance, Annual Summary 1983 (issued Aug. 1985), pp. 17 and 24.

The height-for-age index indicated a potential problem area for Asian American children. According to more recent data we obtained from CDC, however, short stature has become less prevalent among Asian Americans over time. The 1989 data indicate that Asian American children are approaching the U.S. height-for-age standard. (See fig. 4.4.)

Figure 4.4: Mean Height-for-Age of Asian Americans Compared With U.S. Standard (1981-89)



Source: Data from the Pediatric Nutrition Surveillance System, provided to GAO by HHS, PHS, CDC (July 1989).

Health and Nutrition Problems Cited for Southeast Asians

Due to tracking by the PHS Office of Refugee Health and CDC and clinical studies conducted in selected regions, more detailed information is available about the health and nutrition status of Southeast Asian refugees. These studies indicate that Southeast Asian refugees are carriers of—or suffer from— tuberculosis, hepatitis B, and malaria at much higher rates than the U.S. population generally. (See table 4.2.) Studies also indicate that (1) up to 80 percent of Southeast Asian refugees have intestinal parasites and (2) Southeast Asians experience some nutrition and mental health problems.

Table 4.2: Disease Rates Among Southeast Asian Refugees Compared With Whites, Blacks, and the Total U.S. Population (per 100,000 Population)

Disease	Southeast Asian refugees	Whites	Blacks	Total U.S. population
Tuberculosis[a]	250	4	28	9
Hepatitis B[b]				
Chronic infection	10,000	190	850	300
Overall infection	70,000	3,200	13,700	4,800
Malaria[c]	150	[d]	[d]	4

[a]Rates for Southeast Asian refugees are based on disease statistics from 1987 for refugees arriving in 1986. According to CDC, the risk of infection is greatest during the year after immigration.

[b]Rate for Southeast Asian refugees is from early 1980s. Rates for whites, blacks, and total U.S. population are from the 1976-80 National Health and Nutrition Examination Survey.

[c]Rates based on Southeast Asian refugees arriving between 1980 and 1988. Rates for total U.S. population based on 1985 population estimates and infections reported between 1983 and 1988. Malaria infections are only acquired abroad, according to CDC.

[d]A breakdown for whites versus blacks was not available.

Source: CDC (July and Aug. 1989).

A study examining Southeast Asian refugees who had relocated in Connecticut indicated that nutritional abnormalities may be more prevalent among refugee children.[6] The study examined 36 refugee children, aged 1 to 12, between September 1979 and November 1980. The study found that 17 (47 percent) were below the height-for-age index, and 8 (22 percent) were below the weight-for-height index. These percentages are substantially higher than the rates found during a comparable time period for Asian Americans overall. (See table 4.1, p. 33.)

Other regional studies have revealed differences among various Southeast Asian groups. For example, a San Diego study showed that the Vietnamese are at greater risk than the Laotians for tuberculosis and have different risks for different types of intestinal parasites.

To ensure that arriving refugees do not pose a public health threat and to ensure their good health, PHS operates several programs coordinated by the Office of Refugee Health. These include CDC medical screening of U.S.-bound refugees in camps in Thailand, screening at U.S. ports-of-entry, and notification of appropriate state and local health departments of health problems of resettled refugees.

[6]Michele Barry, M.D., and others, "Clinical Findings in Southeast Asian Refugees," Journal of the American Medical Association (June 17, 1983).

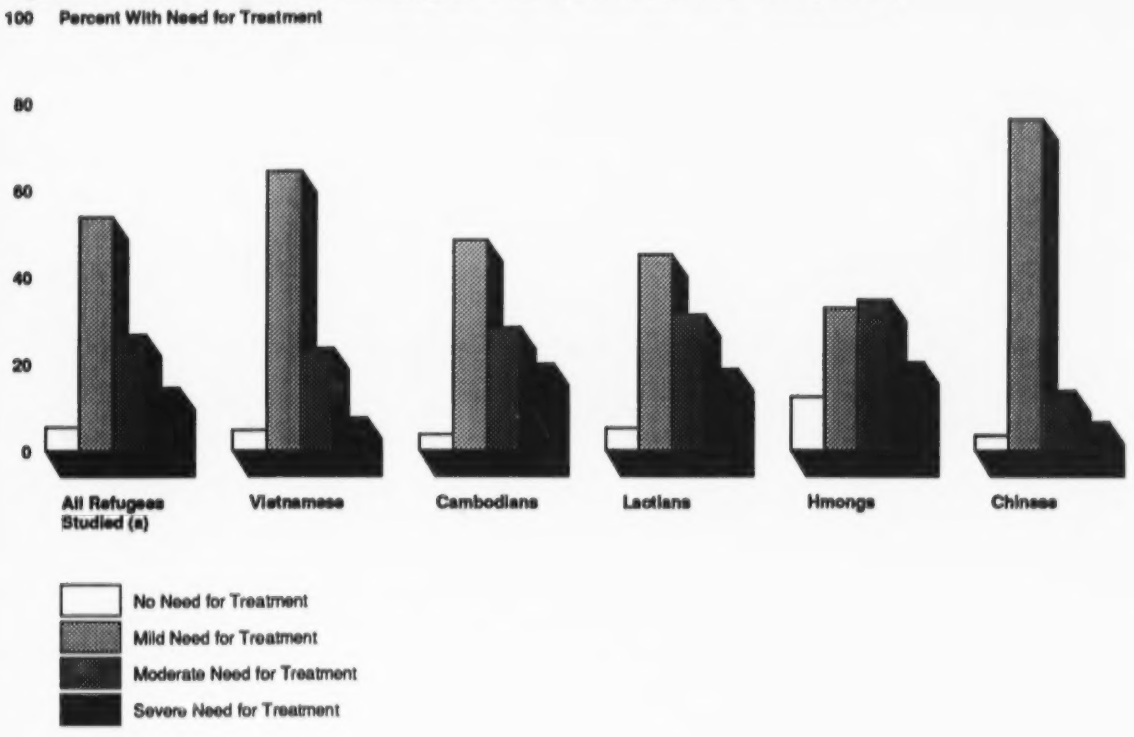
According to CDC, tuberculosis and hepatitis B among Southeast Asian Americans pose significant public health challenges. Nonetheless, CDC hopes to eliminate tuberculosis in this country by the year 2010 by (1) developing new technologies for treatment, diagnosis, and prevention and (2) integrating these technologies into clinical use. The major goal concerning hepatitus B is to increase immunizations and thereby help prevent (1) transmission at birth, (2) childhood infection, and (3) primary liver cancer. CDC does not currently consider malaria and other parasitic diseases—which rarely result in fatal illness—and nutritional abnormalities among refugee children to be major public health problems.[7]

Various studies estimate that mental health disorders afflict as many as 50 percent of newly arriving refugees. Traumatic experiences in their countries of origin, conditions in resettlement camps, and difficulties in acculturation have been cited as reasons for refugees' mental problems. Recognizing the significant presence of diagnosable mental health conditions among the refugee population, in September 1985, the HHS ORR entered into an interagency agreement with the National Institute of Mental Health to encourage the development and implementation of culturally relevant diagnostic and treatment procedures.

A 1986-87 study conducted in California under this program found that over 40 percent of the 2,773 refugees interviewed had a moderate or severe need for mental health treatment. (See fig. 4.5.) The study reported that most Southeast Asian refugees interviewed were forced to spend years in camps awaiting resettlement, and more than half experienced separations from, or deaths of, family members. Cambodian and Laotian refugees spent an average of nearly 3 years in the refugee camps, and nearly two-thirds of the Cambodians had lost close relatives. The study found that over 16 percent of the Cambodians interviewed met the criteria for post-traumatic stress disorder. According to PHS, this study, as well as those done for other states under the program, showed a high level of need for mental health assistance among Southeast Asian and other refugees in the United States.

[7]CDC also recently discontinued surveillance of "sudden unexplained death syndrome" (SUDS) among Southeast Asian refugees because the number of annual cases has been decreasing. A total of 117 cases of SUDS had been reported as of April 1988, primarily among young adult male Laotian refugees who had lived in the United States less than 2 years.

Figure 4.5: Study of Southeast Asian Refugee Menta' Health Needs in California (1986-87)



[a]Weighted averages.

Source: The California Southeast Asian Mental Health Needs Assessment, Asian Community Mental Health Services, Oakland, California (1988).

Language is frequently cited as a barrier to the obtaining of required medical treatment by Southeast Asian refugees. In addition, Southeast Asian refugees experience various cultural and religious barriers to seeking treatment in this country. There are markedly different concepts of health and disease in Eastern and Western cultures, and religious beliefs influence refugees' health beliefs and practices (see app. VII).

Welfare Participation Approximates Representation in U.S. Population

The proportion of Asian American participants among the U.S. public assistance programs we looked at roughly approximates the proportion of Asian Americans in the U.S. population. In 1985, Asian Americans accounted for 2.5 percent of the U.S. population and 1.8 percent of U.S. households. Agency studies conducted during various years throughout the 1980s report that Asian Americans have between 1.4 and 3.4 percent of participants in the AFDC, SSI, Medicaid, Low-Income Housing, Food Stamp, WIC, School Lunch, and Summer Food programs.[1] (See table 5.1.)

[1] Data were not available from the U.S. Department of Agriculture showing the number of Asian American participants in the School Breakfast program (see p. 17).

Table 5.1: Asian American Participation in U.S. Public Assistance Programs

Program	Estimated Asian American participants	Percent of total participants
AFDC[a]	84,675 families	2.3
	222,023 children	3.1
SSI[b]	42,100 individuals (aged 65 or over)[c]	1.8
Medicaid[d]	447,713 individuals	2.0
Low-Income Housing[e]	78,923 households	2.0
Food Stamp[f]	130,000 households	1.8
WIC[g]	10,243 women	1.4
	26,319 infants	3.3
	33,827 children (aged 1 to 4)	2.1
School Lunch[h]		
Free	205,023 children	2.1
Reduced-price	61,744 children	3.4
Summer Food[i]	30,000 children	2.0

Note: Years for above data vary, as indicated in the footnotes.

[a]HHS, Family Support Administration, Characteristics and Financial Circumstances of AFDC Recipients (1986).

[b]HHS, Social Security Administration, "Number and Percent of Persons Aged 65 and Older Receiving Social Security or Supplemental Security Income by Race and Spanish Origin" (1980).

[c]Includes participation in other welfare programs, but, according to SSA officials, responses for people 65 years of age or older reflect SSI for the most part.

[d]HHS, Health Care Financing Administration, "Medicaid Recipients and Expenditures, by Race and State, Fiscal Year 1986."

[e]Department of Housing and Urban Development, Annual Housing Survey (1987).

[f]Department of Agriculture, Food and Nutrition Service, Characteristics of Food Stamp Households (1986).

[g]Department of Agriculture, Food and Nutrition Service, Study of WIC Participant and Program Characteristics (1986). Data are from 1984.

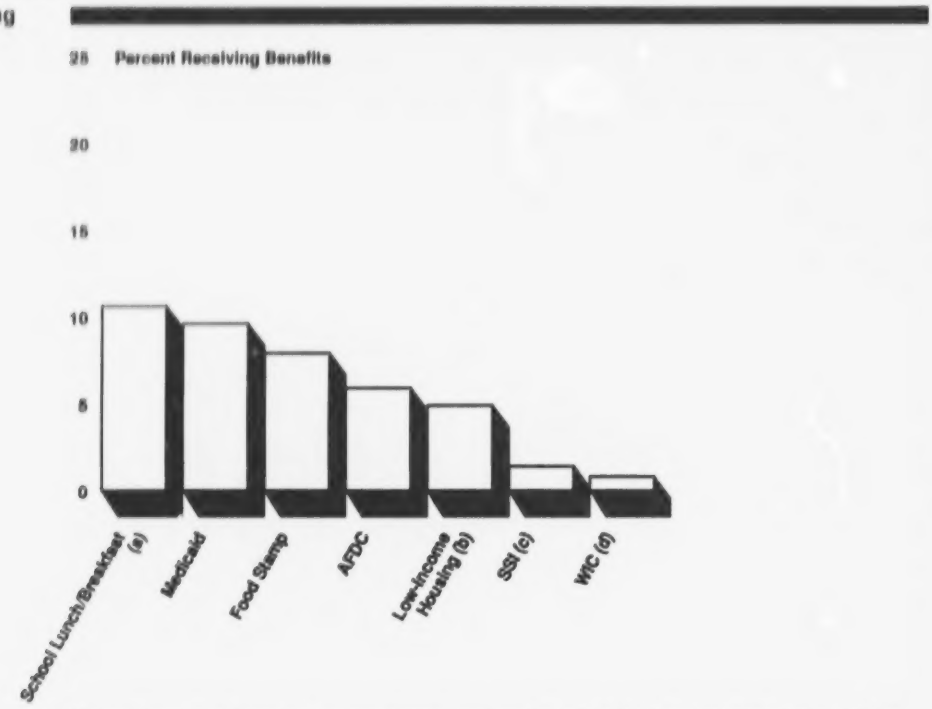
[h]Department of Agriculture, Food and Nutrition Service, Characteristics of the National School Lunch and School Breakfast Program Participants (1988). Data are from 1984.

[i]Department of Agriculture, Food and Nutrition Service, An Evaluation of the Summer Food Service Program (1988). Data are from 1986.

The percentage of the Asian American population receiving benefits from public assistance programs provides another perspective on participation. (See fig. 5.1.) SIPP data show that for most programs, about the same percentage of Asian Americans received benefits as the total U.S. population in 1985. Differences between the percentages of Asian Americans receiving benefits and the total U.S. population were not statistically significant for the Medicaid, Food Stamp, AFDC, Low-Income Housing, SSI, and WIC programs. (See app. III.) Only in the School Lunch

and Breakfast programs was Asian American participation significantly greater: 10.6 percent of Asian American households received benefits from these programs, compared with 6.5 percent of U.S. households.[2]

Figure 5.1: Asian Americans Receiving Benefits From Selected U.S. Public Assistance Programs (1985)



[a]School Lunch and Breakfast recipients were measured by households in which one or more children, aged 5 to 18, received free or reduced-price lunches or breakfasts. All other recipients were measured by the individual.

[b]Includes benefits from public housing and government rental assistance.

[c]Asian American sample size (24) was too small for the analysis to be statistically significant.

[d]Asian American sample size (14) was too small for the analysis to be statistically significant.

Source: Census Bureau, SIPP (1985)

In contrast with the 1985 SIPP data, 1980 census data analyzed by the Social Security Administration (SSA) showed that Asian Americans aged

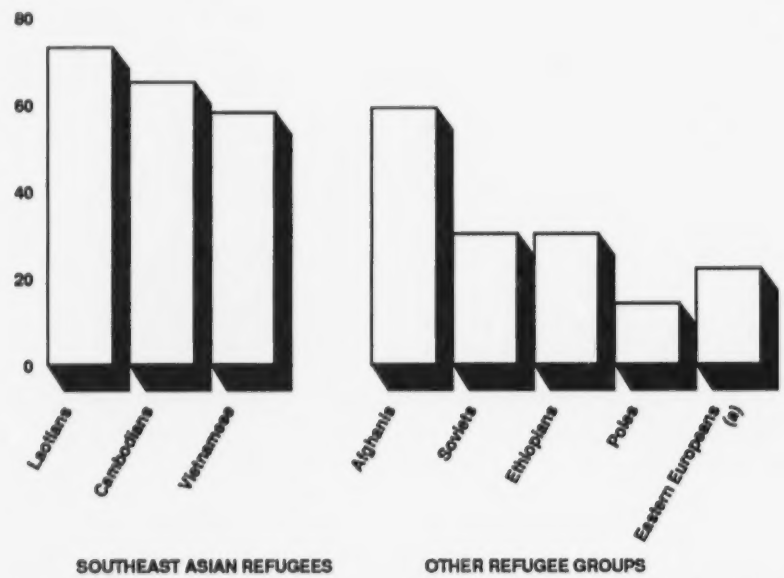
[2]Participation in the Summer Food Program was not analyzed because the SIPP database did not include data on this program.

65 or over participated in SSI to a greater extent than their U.S. counterparts. Almost 19 percent of Asian Americans aged 65 or over received SSI benefits, compared with 9 percent of the U.S. elderly.[3]

Proportionately, newly arrived Southeast Asian refugees are much more likely to receive assistance than Asian Americans overall, in part because of special programs established to help refugees. Refugee Cash Assistance and Refugee Medical Assistance are available to low-income refugees who have lived in the United States less than 1 year but are ineligible for AFDC, SSI, and Medicaid because of family composition or other reasons not related to income. The federal government reimburses states for 100 percent of such refugees' welfare costs. In 1987, the most recent year for which published data were available, Southeast Asian refugees had higher rates of participation in these aid programs than most other refugee groups for whom data were available. (See fig. 5.2.)

[3]Despite different SSI participation rates, an equal percentage of Asian American and U.S. adults aged 65 or over lived in poverty in 1980 (15 percent), according to SSA reports. The SSA director, Division of Statistical Analysis, Office of Research and Statistics, hypothesized that many elderly Asian Americans rely on SSI because they are immigrants without work histories in the United States and, thus, are ineligible for Social Security benefits.

Figure 5.2: Participation of Southeast Asian and Other Refugee Groups in Selected U.S. Public Assistance Programs (1987)



Note: Reported data covered the Refugee Cash Assistance, Refugee Medical Assistance, AFDC, SSI, Medicaid, and General Assistance programs and only for refugees in the groups shown who were in the United States for 31 months or less.

[a]Excluding Poles.

Source: HHS, ORR, Report to the Congress, Refugee Resettlement Program (1988).

Barriers Exist, but Do Not Prevent Welfare Participation

Community organizations told us that Asian Americans face difficulties when enrolling in welfare programs, but the problems do not prevent their eventual participation. The barriers most frequently cited were (1) limited knowledge of English and (2) different attitudes toward government and welfare. The Asian American groups with the most language difficulties had among the highest participation rates in welfare programs (as shown on p. 42).

Limited Knowledge of English Causes Most Difficulties

People with limited English fluency have difficulties with all aspects of the enrollment process, according to Asian American community organizations. Those unable to read program materials have difficulty understanding what programs exist, who is eligible, and what documents to supply. Those with limited knowledge of English have difficulties completing English language program applications and communicating with social service agency intake workers who do not speak Asian languages. In addition, some recent arrivals, particularly the Hmong, are unaccustomed to systems requiring documentation and often do not retain necessary documents.

Limited English lanaguage fluency also poses other problems. For example, the Southeast Asia Center officials in Chicago, Illinois, told us that from where most Southeast Asians live in Chicago, traveling by train to the welfare office takes at least an hour and requires a transfer. The trip is particularly difficult for recent arrivals with limited English knowledge who cannot read the street signs or maps or ask for and understand directions.

The number of non-English or limited-English speakers appears high among those Asian Americans requiring public assistance. For example, in 1980, 38 to 69 percent of the various Southeast Asian groups reported that they did not speak English well or at all. (See table 6.1.) The Association of Asian/Pacific Community Health Organizations also found that about 95 percent of its primarily low-income patients nationwide had limited or no ability to speak English.[1]

[1]The association is a national network of community health centers serving Asian and Pacific Islander populations, headquartered in Oakland, California.

Table 6.1: Asian Americans' Ability to Speak English, by National Origin or Ethnic Group (1980)

Numbers in percent

National origin or ethnic group	English-speaking ability[a]				
	Well[b]	Not well	Not at all	Unknown[c]	Total[d]
All Asian Americans	**82**	**12**	**3**	**2**	**100**
Hawaiian	98	0	0	2	**100**
Filipino	91	5	1	3	**100**
Japanese	90	8	1	1	**100**
Samoan	88	8	1	3	**100**
Indian	87	4	1	7	**100**
Guamanian	87	2	0	11	**100**
Thai	86	11	1	2	**100**
Pakistani	84	8	2	6	**100**
Chinese	76	16	7	1	**100**
Korean	75	20	4	1	**100**
Indonesian	69	5	1	25	**100**
Tongan	65	14	2	18	**100**
Vietnamese	60	29	9	2	**100**
Cambodian	37	44	15	4	**100**
Hmong	34	32	31	3	**100**
Laotian	27	43	26	4	**100**

[a]Self-reported ability to speak English for people aged 5 and over in households.

[b]Includes those speaking Asian or Pacific Islander languages at home who reported speaking English very well or well and those who speak only English at home.

[c]The Census Bureau did not report on the English-speaking ability of those who reported speaking a language other than English or an Asian or Pacific Islander language at home.

[d]May not add to 100 due to rounding.

Source: Census Bureau, Asian and Pacific Islander Population in the United States: 1980 (1988).

Help in Overcoming Language Problems

Federal, state, local, and community agencies offer bilingual services to help Asian Americans overcome problems with English. California, New York, and Texas state and local community officials told us that many social service agencies, including federal agencies in areas with large concentrations of Asian Americans, now employ bilingual staff. The Social Security Administration, for example, once a week sends a bilingual Cantonese worker to the Oakland Chinese Community Council, in Oakland, California, to enroll the elderly in SSI, Council staff told us. In addition, WIC program reports state that in 1984, about 20 percent of WIC clinics nationwide had staff who spoke Vietnamese, Cambodian, or Laotian; 10 percent had staff who spoke Thai; and 6 percent had staff who spoke Chinese.

Some Asian American community organizations attempt to hire people with the ability to speak various Asian languages to accompany limited English-speaking clients to social service agencies, serve as translators, give help filling out program applications, and make referrals to welfare offices. For example, the director of Northeast Medical Services in San Francisco, California, told us that to help provide social and medical services to non-English speaking clients, her program employs staff speaking Mandarin, Cantonese, Korean, Vietnamese, and Burmese. Asian American community organizations told us, however, that the multiplicity of languages and dialects makes it difficult for community organizations and government agencies to provide bilingual services for all Asian American groups.

Certain Attitudes Make Some Asian Americans Reluctant to Accept Welfare

Asian American community organizations told us that some Asian Americans are reluctant to participate in welfare programs for reasons that include their general distrust of government and the stigma attached to welfare. They also told us that Chinese and Japanese Americans, in particular, have a distrust of American government that stems from certain exclusionary and discriminatory legislation, such as the 1882 Chinese Exclusion Act, which denied Chinese individuals the right to U.S. citizenship; the Immigration Act of 1924, effectively stopping Japanese and other Asian immigration to the United States; the World War II evacuation and internment of U.S. citizens of Japanese origin under Executive Order 9066; and state laws prohibiting ownership and leasing of land by noncitizens.

Other Asian American groups had developed a general distrust of government in their native countries. For example, Cambodians who fled the war there have had to learn to overcome a fear of government engendered by the violent Khmer Rouge.

In addition, some Asian American immigrants fear that accepting public aid will jeopardize their U.S. sponsors or their own ability to sponsor the immigration of additional family members.

Moreover, in most traditional Asian societies, the elderly expect their children and grandchildren to care for them and the young accept this obligation. Chinese, Filipinos, and Koreans have particularly strong traditions of relying on family, friends, and social organizations of their own ethnic groups, rather than on the state, for aid. Many consider the receipt of welfare to be disgraceful. Asian American community organizations told us, however, that this traditional support is collapsing in

some Asian American immigrant communities, in part because extended families lack sufficient resources and in part because family ties are weakening in the United States. The breakdown of family support among some Asian Americans may create an additional need for services and benefits, particularly for the elderly—the age group least likely to seek aid.

Programs Help New Arrivals Attain Economic Self-Sufficiency

New arrivals often face significant problems in finding employment and attaining self-sufficiency because of such factors as language competence, education, skills, and job opportunities. Refugees and immigrants can receive assistance in these areas through various means. Local government agencies, community and other nonprofit organizations, and schools use federal and other funds to provide English instruction; employment services, such as training, placement, and subsidized employment; and assistance with acculturation and resettlement. Some programs are directed towards refugees; others are available to any American with low income or difficulty with English.

Federal Agencies Fund Special Programs for Refugees

The Refugee Act of 1980 and subsequent legislation established programs, administered by the HHS ORR and the Department of State, to help refugees become self-sufficient.[1] Funds for a variety of services are (1) channeled through the states to local government agencies, nonprofit organizations, and mutual assistance associations or through 12 national voluntary organizations to their local affiliates or (2) provided directly to voluntary agencies. (See table 7.1.)

[1] In a statement of program goals, priorities, and standards for its refugee program, HHS defines "economic self-sufficiency" as employment in a nonsubsidized job for at least 90 days, at a wage fully adequate for the basic economic needs of the person and his or her family.

Table 7.1: Major Federal Grant Programs That Help Refugees Attain Self-Sufficiency

Agency and program	Refugees eligible	Types of assistance funded	Flow of funds
Department of Health and Human Services:[a]			
Employment services	Vary by state (those receiving cash or medical assistance are required to participate)	English instruction Vocational training Job referral and placement On-the-job training Skills recertification	Through states to local government agencies, nonprofit organizations, and mutual assistance associations
Targeted assistance	Those living in localities with large concentrations of refugees on welfare	Vocational English instruction On-the-job training Job development	Through states to local government agencies and nonprofit organizations
Voluntary agency matching grant	Those in the United States 4 months or less	English instruction Orientation to U.S. culture Job development Job placement	To voluntary agencies
Department of State:[b]			
Refugee reception and placement[c]	Those in the United States 90 days or less	Referral to employment services Resettlement aid, including help obtaining employment, housing, food, clothing, health care, and English instruction	Through 12 national voluntary organizations to local affiliates (grants based on number of refugees served)

[a]In addition, in some years, ORR funds special projects in specific localities to aid in resettlement.

[b]The Department of State also administers an Orientation and Training Program, conducted in Refugee Processing Centers overseas, including Thailand and the Philippines. The program provides English instruction and orientation to American life, work, and schools to refugees departing for the United States.

[c]GAO has audited funds expended under the State Department's Refugee Reception and Placement Program on three separate occasions, covering different aspects of the resettlement process. (For details, see GAO/NSIAD-85-132, GAO/NSIAD-86-69, and GAO/NSIAD-88-91.)

Sources: HHS, Family Support Administration, Justifications of Appropriation Estimates for Committee on Appropriations, Fiscal Year 1990, and ORR, Report to the Congress (1987).

In fiscal year 1988, HHS and the State Department spent $148 million on the four programs shown in table 7.1. The HHS budget request for fiscal year 1990 proposed reduced funding for its refugee programs because of funding carryovers and an expected reduction in the number of refugees eligible for the programs. The Department of State budget request, on

the other hand, proposed additional funding to increase grants paid to voluntary agencies. (See table 7.2.)

Table 7.2: Funding of Major Federal Refugee Grant Programs

In millions

Agency and program	Fiscal year funding 1988 obligated	1989 appropriated	1990 proposed
Department of Health and Human Services:			
Employment services	$65.7	$64.9	$30.0
Targeted assistance	34.5	34.1	0
Voluntary agency matching	7.7	15.8	7.7
Department of State:			
Refugee reception and placement	40.1	43.0	47.0
Total	**$148.0**	**$157.8**	**$84.7**

Sources: HHS, Family Support Administration, Justifications of Appropriation Estimates for Committee on Appropriations, Fiscal Year 1990, p. 78; U.S. Department of State, Migration and Refugee Assistance, Emergency Refugee and Migration Assistance (Fiscal Year 1990).

Other Agencies Assist Refugees and Immigrants

Community organizations and local school districts use funds received from numerous other federal programs to provide employment-related services to immigrants (including refugees) with low income or limited proficiency in English. Examples of such programs include job training and summer youth employment, both funded through the Job Training Partnership Act (JTPA), and vocational education. (See table 7.3.)

Table 7.3: Examples of Federally Funded Job Training Programs for People With Low Income or Limited English Proficiency

Agency and program	Eligible participants	Types of assistance funded	Flow of funds
Department of Education:			
Vocational education	Adults and secondary students who are educationally disadvantaged, deficient in English, in need of training, or handicapped	Vocational skills training Work-related language instruction Basic skills improvement Career internships Counseling and guidance	Through states to state and local education agencies; public, private, and nonprofit organizations; and postsecondary institutitions
Department of Labor:			
JTPA block grant training	Economically disadvantaged adults and youth Adults and youth facing serious barriers to employment, including welfare recipients, dislocated workers, those with limited English proficiency, and the handicapped	Job skill training Unsubsidized employment	Through states to local government and private sector partnerships
JTPA summer youth employment and training	Economically disadvantaged youths	Subsidized summer jobs	Through states to local governments and private sector partnerships

Sources: House Committee on Appropriations, Subcommittee on the Departments of Labor, Health and Human Services, Education, and Related Agencies, Appropriations for 1989: Hearings, (Washington, D.C.: U.S. Government Printing Office, 1988), part 1, pp. 262-5, and part 6, pp. 405-8.

In addition to these federal programs, city, county, and state government agencies, as well as corporations, charitable organizations, and others, provide grants to community and other nonprofit organizations to assist new refugees and immigrants. These funds often support such job-related social services as child care, tutoring, summer youth recreation programs, transportation, and counseling.

Examples of Programs Assisting Asian Americans in Five Localities

Community organizations tailor services to the specific needs of the local community and to the regional job market. Most programs include English instruction and cultural orientation to the United States as essentials to successful employment. Program administrators furnished us with the following descriptions of the services their programs provide.

Chinatown Manpower Project, New York City

The Chinatown Manpower Project offers newly arrived refugees and immigrants vocational training in six areas: office clerical skills, data entry, automated bookkeeping, typing and word processing, vocational English, and counseling on seeking employment. The majority of participants are ethnic Chinese. Since its founding in 1972, the project has placed in jobs, on the average, 90 to 95 percent of its several hundred students per year. Graduates regularly find employment with such companies as Citibank, Blue Cross/Blue Shield, and Pinpoint Marketing, Inc.

In 1987, the project received federal funding from three sources: the Department of Education Vocational Training Program, the Department of Labor JTPA Program, and the ORR Targeted Assistance Grants. In addition, the project receives contributions from the private sector and the community.

Texan Training and Employment Center, Houston and Dallas

The Texan Training and Employment Center offers employment-related services for refugees, immigrants, and low-income people. Its services include vocational training, on-the-job training, outreach to employers, job placement, a summer youth employment program, job counseling, and English instruction. In addition, the center runs a state-sponsored Model Outreach for Refugee Employment project that encourages Asian refugee women to work to supplement household income. The center also helps identify support services, such as child care and transportation. About 60 percent of those served are Asian.

Some job placements draw upon participants' skills. For example, the center matched carpenters from Southeast Asia with a wooden toy manufacturer, and placed those with cooking skills in a company providing airline meals. In other instances, the center teaches new skills. People participating in the center JTPA on-the-job training program learn cooking, sewing, and assembly jobs, among others. The vocational education program teaches industrial tailoring for the Dallas garment industry. The center finds employment for about 1,000 people each year through its various services.

The center receives virtually all of its funds from the federal government, including Department of Labor JTPA Block Grants and ORR grants.

Korean Youth Center, Los Angeles

The Korean Youth Center offers numerous programs and activities to serve Korean youths and their families who are recent immigrants or economically disadvantaged or both. Services include employment assistance and placement, family and youth counseling, education and tutorial programs, youth recreation leagues, and other community services. The center (1) operates a job bank and a Summer Youth Employment and Training Program funded by the City of Los Angeles and (2) sponsors seminars with guest speakers from various companies to explain job opportunities and application procedures. Almost all of the 3,000 to 5,000 people served each year are Korean Americans.

Korean immigrants often face language and acculturation difficulties that present obstacles to employment. In addition, the faster acculturation of youths causes tension within families as traditional Asian and current American values clash. By providing activities and training opportunities, the center attempts to reduce conflicts between youths and their families and communities.

The center receives funding from numerous sources, including the federal government (from a federal demonstration block grant through the California Department for Mental Health), the Los Angeles County Community and Senior Citizens Services, the Los Angeles City Department of Senior Citizens, the United Way, and various corporate and private donors.

Filipino-American Service Group, Los Angeles

Job counseling and placement are among the services the Filipino-American Service Group offers to immigrants in Los Angeles. Many of the Service Group's clients for employment counseling are retired elderly Filipino Americans who came to the United States to join children. Many are seeking part-time employment since they are ineligible for Social Security or other public assistance programs. Often, they are unfamiliar with the U.S. employment system and require help writing resumes and identifying available jobs.

Much of the Service Group's funding comes from Los Angeles county agencies. It also receives private donations and United Way moneys.

Center for Southeast Asian Refugee Resettlement, San Francisco

The Center for Southeast Asian Refugee Resettlement provides a variety of services to aid newly arrived refugees and immigrants in the San Francisco Bay Area. As a resettlement agency, the center carries out the functions of the State Department reception and placement program,

including providing initial assistance in housing and employment. As a social service agency, the center provides such employment services as job orientation, counseling, placement, English instruction, and bilingual vocational education. The vocational education program at the center has three emphases: hotel housekeeping, building maintenance, and American restaurant cooking. The center also operates a small business loan and technical assistance program to assist refugees in opening and expanding their own businesses. Furthermore, the center provides translation and interpretation services to government agencies, schools, private businesses, and others.

The center's funding sources include the Department of State (through a national voluntary agency), ORR Targeted Assistance Grants, Department of Housing and Urban Development Community Block Grants, Department of Labor JTPA Block Grants, California State Office of Economic Opportunity, local government agencies, foundations, and fees for services.

Appendix I

Chronology of Selected U.S. Laws and Presidential Actions Affecting Asian Immigration to the United States

Chinese Exclusion Act (1882): Excluded Chinese laborers for 10 years. This was the first time the United States closed its doors to people from any country.

Alien Contract Labor Law of 1885: Made it unlawful to import aliens under contract for labor services.

Scott Act (1888): Prohibited Chinese workers leaving the United States from returning, unless they had certain relatives living legally in the United States, owned property worth at least $1,000, or were owed $1,000.

Chinese Exclusion Act Extension (1892): Renewed exclusion for 10 years (until 1902).

Chinese Exclusion Act Extension (1902): Renewed and extended exclusion to cover Chinese in territories under U.S. jurisdiction.

Chinese Exclusion Act Extension (1904): Extended exclusion without limitation.

Immigration Act of 1907: Authorized the President to enter into international agreements to regulate immigration. Subsequently, President Theodore Roosevelt concluded a "gentleman's agreement" with Japan that limited the number of Japanese admissions.

Executive Order 589 (March 14, 1907): Prohibited Japanese and Korean laborers receiving passports to enter Mexico, Canada, or Hawaii from entering the United States because they were considered detrimental to U.S. labor conditions.

Immigration Act of 1917: Codified previous exclusions and expanded exclusions to include natives of India, Southeast Asia, Indonesian islands, and New Guinea. Required a literacy test.

Quota Act of 1921: Established first immigration quotas. Permitted entry of approximately 350,000 immigrants, primarily from Western and Northern Europe.

Act of 1921: Denied all foreign-born women the right to their husbands' U.S. citizenship.

Immigration Act of 1924: Provided for the establishment of permanent quotas on the basis of national origin and not place of birth. Decreed that aliens ineligible for citizenship could not be admitted to the United States as immigrants. (Affected primarily Japanese.)

Public Law 78-199 (1943): Repealed the Chinese Exclusion Acts.

Public Law 79-271 (1945): War Brides Act—allowed immigration of alien spouses and alien children of U.S. servicemen who married foreign nationals during World War II.

Public Law 79-483 (1946): Allowed immigrants from India, the Philippines, and Pakistan.

McCarran-Walter or Immigration and Nationality Act (1952): Revised existing legislation. Eliminated race as a bar to immigration and naturalization.

Presidential Directive of 1962: Authorized about 15,000 Chinese refugees from Hong Kong to immigrate.

Public Law 89-236 (1965): Amended the Immigration and Nationality Act to phase out quotas based on national origin. Set annual numerical ceiling of 170,000 immigrants to be admitted under various family relationship or job preference categories. Gave preference to immigrants with relatives in the United States (74 percent), scientists and artists (10 percent), skilled and unskilled labor (10 percent), refugees (6 percent). Also authorized immigration of an additional 120,000 "special immigrants" from the Western Hemisphere. No limit was placed upon those classified as immediate relatives.

Presidential Directive of 1979: Allowed thousands of Vietnamese boat people to enter the United States.

Refugee Act of 1980: Provided a systematic and permanent procedure for the annual admission of refugees and authorized federal assistance to resettle refugees and promote their self-sufficiency.

Sources include Linda Perrin, Coming to America: Immigrants from the Far East (1980); H. Brett Melendy, Asians in America: Filipinos, Koreans, and East Indians (1977); and the U.S. Statutes at Large.

Appendix II

Data Limitations

Data on Asian Americans in general are limited, primarily because (1) Asian Americans make up a small portion of the total U.S. population and (2) available studies, for the most part, do not contain sufficient data about Asian Americans to make statistically valid projections nationwide. The decennial census is the only detailed national data source on Asian Americans, and the Asian American population grew almost 60 percent between 1980 and 1985 and underwent significant compositional changes. The Census Bureau Current Population Survey, which is conducted more frequently, only gathers data on whites, blacks, and "other." The other national surveys large enough to include data on Asian Americans, such as the Census Bureau SIPP data and the Department of Education Degrees and Other Formal Awards Conferred Survey, for the most part, are not large enough to include data on Asian Americans by national or ethnic group.

Asian American and other community organizations told us that much data on Asian Americans may not be accurate. Asian Americans with poor English skills may not be counted and multiple Asian American households that share a dwelling may be counted as one household. Although Census Bureau interviewers attempt to address such problems by using interpreters and correctly identifying all occupants, other surveys may not.

Organization officials also told us that the "national origin" classifications in the 1980 census may not be precise. Asian Americans can classify themselves (or be classified) according to their (1) ancestry, (2) country of birth, or (3) country of emigration. For example, Asian Americans of Chinese ancestry may have been born in Laos and have emigrated from Vietnam. Their national origin could be identified as any of the three countries and classified differently for different purposes. In addition, the classifications do not allow for those of mixed ancestry.

Appendix III

SIPP Methodology

The Census Bureau Survey of Income and Program Participation (SIPP) provides information on economic and demographic characteristics of individuals, families, and households in the United States. The SIPP database covers such areas as income, wealth, education, employment, poverty, and participation in government programs. The objective of our SIPP analysis was to obtain information on Asian Americans' income, education, and welfare participation compared with the U.S. population as a whole. In addition, we reviewed other demographic data in SIPP, such as household size, age, sex, and employment, for a better understanding of Asian Americans relative to the total U.S. population.

SIPP is based on a statistical sample of U.S. residents, enabling projection to the population nationwide using Census Bureau weighting and estimating procedures. The Census Bureau determines sampling units on the basis of geographic areas and socioeconomic characteristics; within the sampling units, the Bureau systematically selects members of households and group quarters (such as college dormitories and rooming houses) for participation in the survey.[1] All participants selected in a given year are referred to as a "panel." The Census Bureau divides panels into four groups and interviews each group in successive months over a 4-month period, which is referred to as a "wave." Each group is interviewed eight times over a period of 2-1/2 years.

For our analysis, we used a file compiled by the Census Bureau consisting of one wave each of the 1984 Panel and the 1985 Panel. We analyzed monthly data using August 1985 because it was the only month within the reference periods for all eight groups in the file. (See table III.1.)

[1]Those living in institutions, such as homes for the elderly, and people living abroad and in military barracks are excluded.

Table III.1: SIPP Data Used in Analysis

Panel	Wave	Group	Total interviewed	Asian Americans	Interview month	Reference period
1984	7	1	10,794	269	Oct. 1985	June, July, Aug., Sept. (1985)
		2	10,881	277	Nov. 1985	July, Aug., Sept., Oct. (1985)
		3	10,818	246	Dec. 1985	Aug., Sept., Oct., Nov. (1985)
		4	10,912	224	Sept. 1985	May, June, July, Aug. (1985)
1985	3	1	9,082	225	Sept. 1985	May, June, July, Aug. (1985)
		2	9,395	193	Oct. 1985	June, July, Aug., Sept. (1985)
		3	9,439	254	Nov. 1985	July, Aug., Sept., Oct. (1985)
		4	9,377	223	Dec. 1985	Aug., Sept., Oct., Nov. (1985)
Total			**80,698**	**1,911**		

To analyze income status, we determined the average household monthly income, the average per capita monthly income, and household income relative to poverty thresholds. Household income includes earnings and property income for all household members aged 15 and over.[2] Average per capita monthly income was calculated by dividing total monthly income by the total number of people. To determine household income relative to poverty, we divided household income by the applicable poverty threshold, which is based on household size and the number of related children under the age of 18. To analyze education status, we determined the highest educational level achieved by adults aged 25 or older. Age 25 was used as a minimum to ensure people were old enough for the highest educational levels the SIPP data include.

Finally, we analyzed participation in eight of the nine public assistance programs we were requested to review.[3] SIPP does not contain information on the Summer Food program; hence, we could not include it in our analysis. For the purpose of our analysis, we defined the Low-Income Housing program to include both public housing and government rental assistance. Program participation was analyzed by a count of people for all programs except the School Lunch and School Breakfast programs, which were analyzed by a count of households because of the SIPP data structure.

[2]SIPP does not gather data on income for children under the age of 15.

[3]These programs were AFDC, SSI, Medicaid, Low-Income Housing, Food Stamps, WIC, School Lunch, School Breakfast, and Summer Food. (See p. 17.)

We calculated sampling errors at the 95-percent level of confidence for all SIPP data cited in the report, as shown in table III.2.

Table III.2: Sampling Errors for SIPP Data

Characteristics	Estimates[a] Amounts	Sampling errors at 95% confidence
Demographics		
Percentage in the U.S.		
Asian American individuals	2.50%	± 0.25%
Asian American households	1.80	± 0.20
Average household size (persons)		
Asian American households	3.51	± 0.22
Total U.S. households	2.64	± 0.02
Income		
Average household monthly income		
Asian American households	$2,972.58	± $253.76
Total U.S. households	2,324.84	± 26.84
Average per capita monthly income		
Asian Americans	826.90	± 70.44
Total U.S. population	887.71	± 10.51
Education		
Average highest education level achieved (grade)		
Asian Americans	12.38	± 0.64
Total U.S. population	12.27	± 0.07
Percentage of individuals in education ranges		
No education or kindergarten only		
Asian Americans	5.23%	± 3.04%
Total U.S. population	1.13	± 0.22
Elementary to eighth grade		
Asian Americans	13.35	± 4.64
Total U.S. population	11.84	± 0.66
High school (9th to 12th grade)		
Asian Americans	32.99	± 6.41
Total U.S. population	48.67	± 1.02
College (undergraduate or graduate level)		
Asian Americans	48.43	± 6.82
Total U.S. population	38.37	± 1.00

(continued)

Characteristics	Estimates[a] Amounts	Sampling errors at 95% confidence
Welfare participation		
Percent participating in:		
AFDC		
Asian Americans	5.87	± 2.15
Total U.S. population	3.79	± 0.28
SSI		
Asian Americans	1.39	± 1.07
Total U.S. population	1.54	± 0.18
Medicaid		
Asian Americans	9.63	± 2.70
Total U.S. population	7.18	± 0.37
Low-Income Housing		
Asian Americans	4.86	± 1.97
Total U.S. population	3.56	± 0.27
Food Stamps		
Asian Americans	7.91	± 2.47
Total U.S. population	7.00	± 0.37
WIC		
Asian Americans	0.79	± 0.81
Total U.S. population	1.20	± 0.16
School Lunch and Breakfast[b]		
Asian American households	10.56	± 3.48
Total U.S. households	6.47	± 0.38

[a]Estimates were calculated using individual or household weights, as appropriate.

[b]Households with children aged 5 to 18 years receiving benefits from at least one of the free or reduced price School Lunch and School Breakfast programs were counted as participating households.

Asian American and Other Local Community Organizations GAO Contacted

California

Northern California

Asian American Health Forum, San Francisco
Asians for Job Opportunities in Berkeley, Inc.
Association of Asian/Pacific Community Health Organizations, Oakland
Catholic Charities, San Francisco County
Center for Southeast Asian Refugee Resettlement, San Francisco
International Rescue Committee, San Francisco
North East Medical Services, San Francisco
Oakland Chinese Community Council, Inc.

Southern California

Korean Community Service Center, Los Angeles
Korean Youth Center, Los Angeles
Lao Family Community, Inc., Santa Ana
Filipino-American Service Group, Inc., Los Angeles
United Cambodian Community, Long Beach
United Way, Inc., Los Angeles

Illinois

Southeast Asia Center, Chicago

Minnesota

American Refugee Committee, Minneapolis

New York

Chinatown Manpower Project, Inc., New York City
Chinese-American Planning Council, Inc., New York City
Chinese Consolidated Benevolent Association, New York City
Immigrant Social Services, New York City

Texas

Catholic Charities of the Diocese of Houston/Galveston
Texan Training & Employment Center, Houston and Dallas

Washington

National Pacific/Asian Resource Center on Aging, Seattle

Appendix V

Detailed Statistics on Asian American Education

According to our analysis of 1985 SIPP data and 1987 data from the Annual Housing Survey,[1] a higher percentage of Asian American adults have attended college than U.S. adults overall, although a comparatively higher percentage of Asian American adults have little or no education. (See tables V.1 and V.2.) Both analyses examined the highest education level attained by Asian Americans and the total U.S. population aged 25 and older.

Table V.1: SIPP Data on Educational Levels of Asian Americans Compared With the Total U.S. Population, Aged 25 or Over (1985)

Numbers in percent

Highest education level attained	Asian Americans	Total U.S. population
No education[a]	5.2 (± 3.0)	1.1 (± 0.2)
Some elementary[b]	13.4 (± 4.6)	11.8 (± 0.7)
Some high school	33.0 (± 6.4)	48.7 (± 1.0)
Some college	48.4 (± 6.8)	38.4 (± 1.0)
Total	**100.0**	**100.0**

[a]Includes kindergarten.

[b]1st through 8th grade.

Source: Census Bureau, SIPP (1985).

Table V.2: Annual Housing Survey Data on Educational Levels of Asian Americans Compared With the Total U.S. Population, Aged 25 or Over (1987)

Numbers in percent

Highest education level attained	Asian Americans	Total U.S. population
No education[a]	2.5 (± 1.5)	0.6 (± 0.1)
Some elementary[b]	8.0 (± 2.6)	10.5 (± 0.6)
Some high school	33.0 (± 5.6)	50.2 (± 2.5)
Some college	56.5 (± 7.9)	38.7 (± 1.9)
Total	**100.0**	**100.0**

[a]Includes kindergarten.

[b]1st through 8th grade.

Source: U.S. Department of Housing and Urban Development, Annual Housing Survey (1987).

[1]The Annual Housing Survey, conducted by the Census Bureau, collects demographic data on education, income, and age, as well as different types of housing.

Cancer Deaths per 100,000 Population (1978-81)

Cancer type	White and Hispanic Americans	Asian Americans			
		Chinese	Filipino	Hawaiian	Japanese
All cancer types	**163.6**	**131.5**	**69.7**	**200.5**	**104.2**
Bladder	3.9	1.7	1.5	1.6	1.8
Breast (female)	26.6	13.0	8.0	33.0	9.9
Cervix uteri	3.2	2.9	1.6	4.2	2.7
Corpus uteri	3.9	4.3	2.0	3.0	3.9
Colon and rectum	21.6	19.3	8.1	15.0	17.2
Esophagus	2.6	3.3	1.9	6.5	1.9
Larynx	1.3	0.7	0.4	1.4	0.2
Lung (male)	69.3	48.2	20.0	88.0	32.7
Lung (female)	20.2	21.2	6.8	31.5	8.6
Multiple myeloma	2.4	1.2	1.2	2.8	1.2
Ovary	8.1	4.2	2.8	7.0	4.3
Pancreas	8.4	7.4	3.3	10.9	7.0
Prostate	21.0	7.5	8.2	11.6	8.8
Stomach	5.3	7.8	3.3	25.3	17.5

Note: These are average annual age-adjusted death rates.

Sources: (1) HHS, PHS, CDC, National Center for Health Statistics and (2) HHS, PHS, National Institutes of Health, National Cancer Institute, Cancer Among Blacks and Other Minorities: Statistical Profiles (1986), as presented in Disease Prevention/Health Promotion: The Facts, Office of Disease Prevention and Health Promotion, PHS, HHS (1988), p. 193.

Cultural and Religious Barriers Facing Southeast Asian Refugees Seeking Medical Treatment

Religion

- In Buddhism, the main religion of Southeast Asia, suffering may be perceived as an integral part of one's life and seeking medical help for a physical pain may be delayed or considered inappropriate.
- Surgery and other invasive procedures are perceived as mutilating and may disrupt the soul.

Unfamiliarity With Western Medicine

- The germ theory and principles of anatomy and physiology are foreign to those Southeast Asians with little or no education.
- Southeast Asians rarely seek preventive treatment.
- There is no surgical tradition in Southeast Asia.
- Southeast Asians tend not to seek formal mental health care.
- Use of dual systems of health care (both traditional and Western) are common.

Differing Cultural Norms

- Few Southeast Asian refugees are familiar with the process of making an appointment to see a doctor.
- Decisions to seek medical care and what kind of medical care are often made by the eldest member of the family.
- Southeast Asian patients may appear unassuming and nod understanding rather than acknowledge the fact that they are confused or do not understand a question.
- Instant diagnosis and treatment from the first provider encountered is expected.

Folk Practices

- Southeast Asian patients often use their own systems of health care before resorting to Western medicine.
- Folk medicine is almost universally practiced throughout Southeast Asia, with such practices as cao gio, rubbing the skin vigorously with either a coin or a spoon; bat gio, pinching the skin between the thumb and index finger; and giac, applying a hot cup to the forehead or other exposed area for a prolonged time.
- Among the hill tribe people of Laos, shamans may be the preferred providers of medical care; they use such practices as tying a cord around the patient's wrist to enable communication with dead ancestors or to prevent the loss of a sick person's soul.

Appendix VIII

Major Contributors to This Fact Sheet

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